

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

677  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 1-12-07

Ren 2007

1/29/07

\$110

WOM

1001/11

1. NAME LeBlanc John  
Last First MI

2. BUSINESS PHONE (225) 928-5388  
Area Code and Phone Number

3. BUSINESS ADDRESS 3113 Valley Creek Dr. Baton Rouge LA 70808  
Street and No. City State Zip

MAILING ADDRESS P. O. Box 80258 Baton Rouge LA 70898-0258  
Street and No. City State Zip

4. EMPLOYER La. Assn. of Business & Industry

5. EMPLOYER'S ADDRESS 3113 Valley Creek Dr. Baton Rouge LA 70808  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Association of Business & Industry

Address P. O. Box 80258 Baton Rouge LA 70898-0258

Business or purpose Economic development & quality education

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

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LOBBYING REGISTRATION  
CAMPAIGN FINANCE  
RECEIVED

HAND DELIVERED

# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY